Family Outreach Program
Bidders' Conference

June 13, 2006

A. Attendees

Karen Beauchesne	VNA of Care New England
Blythe Berger	RI Department of Health
Kristine Campagna	VNA of Care New England
Norma Gonzalez	Federal Hill House / Bundles of Joy Program
Diane Gufler	VNS Home Health Services
Theresa Hancock	RI Department of Health
Laurie Petrone	RI Department of Health
Candace Powell	VNS of Newport and Bristol Counties
Aaron Pugatch	VNS of Newport and Bristol Counties
Kathleen Rubinstein	VNS Home Health Services
George Zoglio	VNA of Care New England

B. Discussion

Blythe Berger stated that the rates of reimbursement in the RFP are set for this round of contracts. Before applying, agencies must evaluate whether they can work within the parameters set by the rates.

Prenatal visits are emphasized in the RFP, so why has funding for them been discontinued?

The discussion of prenatal visits is inserted in the RFP as a placeholder so as to allow The Department of Health to contract for these service should additional funding become available. Funding for all visits is limited, and any prenatal visits would take away from visits to newborns and toddlers, and their families. Prenatal visits do not need to be included in the financial portion of RFP responses.

Will prenatal referrals from the Adolescent Self Sufficiency Collaborative (ASSC) and other programs be allowed under the provision requiring prior approval for referrals from other agencies?

Referrals from ASSCs and other referrals for prenatal visits may be approved by the Department, but will come out of the Department's funding. The approval process is designed to capture data about these referrals and visits, and help document gaps in services and potential duplication of services.

Will "clinical judgment" referrals from Level 1 hospital coordinators be subject to prior approval?

No, they will not. Babies who are determined to be risk positive through clinical judgment rather than Level 1 screening criteria will be treated the same way as those who screen risk positive due to the criteria. Protocol for Level 1 hospital coordinators will be developed and

detailed information about the reasons babies are determined to be risk positive through clinical judgment will be documented and evaluated.

We need data to prove that more home visiting services are needed. If we no longer visit risk suspect families, how will we gather a representative data set?

FOP data has never represented all Rhode Island families and will not under the new program design. However, the data will still be valuable and provide critical information about the needs of families, gaps in services, and opportunities to improve the program.

When will the MCH Level 1 Screening contract be renewed? Changes to that program will impact the FOP and have an effect on how agencies respond to the RFP.

The MCH Level 1 Screening contract is renewed annually. There are no plans to change the program or the content of the contract.

How will agencies handle priority referrals from community sources? It is important to visit the families right away and waiting for approval from the Department would delay the visits.

Agencies will be allowed to do one visit to priority community referrals without approval. Subsequent visits will require prior approval, and documentation of the reasons for the initial visit must be submitted to the Department of Health in a timely manner.

Specifically, what amount of funds that will be available to help agencies develop electronic data technology? We thought there would be more funding than there appears to be.

Less funding is available than originally anticipated during initial discussions of converting to electronic data submission. The Department of Health originally anticipated being able to allocate funds directly to FOP agencies for use in implementing electronic data submission. As a result of the reduction, the Department plans to use the funding to make changes to KIDSNET so that it can accept additional data, develop data transfer specifications, and provide technical assistance to agencies as they transition from paper files to electronic files. If funding remains after the initial work is complete the Department will support the development of possible electronic forms for the agencies to use. The work completed will be determined by the number of agencies awarded contracts, and the content and structure of electronic data programs already in place at these agencies.

Why was funding for meeting and training time eliminated?

Other contracts awarded by the Department of Health do not provide funding for those types of activities. Given the limited budget, the Department's main priority is to use the funding available to provide visits to families.

Will HEALTH be providing trainings as in the past?

Agencies will be responsible for training their staff on the procedures, requirements, and administration of the program. If there is interest or need for training on specific topics that the Department may provide and fund, the Department will work with providers to respond to this need.

According to Appendix C, the Medicaid per visit rate for nurses is less than agencies have been receiving. Is that correct?

The Department has verified that the Medicaid rate for nurse visits is $104.95. The Department will reimburse agencies at the Medicaid rate

What is the maximum number of agencies to be funded? The RFP says up to 6 agencies on page 2 and up to 5 agencies on page 11.

The maximum number of agencies to be funded is 6, 1 for each region. However, because agencies can bid on more than one region, there may be less than six agencies providing services once contracts are awarded.

Will there be a change in submission date since the RFP was issued one week later than dated?

No, the submission date will be June 30th. Three weeks is the new Department-wide standard timeframe for RFP submission.

Why is the contract length 12 months when the previous contracts were for multiple years? This is a concern because the electronic record rollout is 6-9 months after the contract begins.

The contracts are for 12 months, with possible renewal for another 12 months. The RFP was designed this way to allow flexibility in light of possible system analysis and redesign at the state level. The expectation is that the program will continue after the 2-year period in this RFP.

Why are the reimbursement rates the same as 5 years ago when agency costs have increased? In effect, that is a net rate cut.

The state is facing tough budget projections. Funding to programs has been reduced over the last several years. At this time, funding is not available to support an increase in reimbursement rates. The Department is committed to working with the FOP agencies to identify other sources of funding for the program.

What is the reimbursement rate provided to lead centers? Do they receive reimbursement for coordination of services?

The Department will look into this issue and provide additional information.

With the elimination of the Risk Suspect category, how will the Department of Health ensure that women whose only risk factor is a history of depression are identified and supported?

The Department cannot ensure this. The emphasis of the new RFP is serving the highest risk families with the funds available. Women with a history of depression who are referred to FOP from community sources may receive visits.

If there are no satisfactory bids to provide services to the entire state submitted by June 30th, what is the next step?

It is possible that agencies with satisfactory bids will be asked to expand the scope of their services to regions without a successful bidder.

What are the definitions of multidisciplinary team usage and Kidsnet report usage?

Multidisciplinary team usage refers to the number of visits provided by nurses, social workers and paraprofessionals. The FOP model relies on a multi-disciplinary team to meet the varying needs of families. Kidsnet report usage refers to regular downloads of Kidsnet data reports and usage of the reports for error correction.

Which region does Warren belong in? It appears in 2 regions.

Warren is part of the Bristol County region.

How are urgent health services defined on page 11?

Urgent health services refer to connection of children families to health providers when they present urgent health problems. This could involve calling 911 or facilitating a visit to the pediatrician.

Should we include Medicaid Denials in our budgets?

Yes, the budgets should estimate Medicaid denials as well as visits to be billed to the Department and Medicaid visits.

If agencies provide services in communities that do not have existing community coalitions, will the agency be responsible for forming a coalition?

If a coalition does not exist, agencies will be expected to improve connections between community service providers, but not take responsibility for forming a coalition where none exists.

How will CAPTA visits be paid for? Will agencies receive additional funds?

Additional funding is included in the funding base for these visits. CAPTA visits to children enrolled in Medicaid are to be billed to Medicaid.

How will agencies be able to document referral outcomes if children are put on waiting lists?

Agencies should document that the child is put on a waiting list for services. If additional information about program participation becomes available later, it should be documented as well.

How many risk positive births occur in each region each year?

The Department will gather that information and provide it to applicants on the website.

How will agencies communicate to families and other providers that eligibility has been reduced?

The Department and agencies will share the responsibility for communicating the program changes.

Can groups apply for additional grants from the Department of Health?

Additional, grant funding is not available at this time. However, the Department will continue to pursue additional grant funding.